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\* Text Citations not part of regulations

**California Code of Regulations****Title 17, Division 2  
Chapter 3: Community Services****SubChapter XX: Self-Directed Services Regulations****Article 1: Definitions****Section XXXX1—Meaning of Words**

Words shall have their usual meaning unless the context or a definition clearly indicates a different meaning. Words used in their present tense include the future tense. Words in the singular form include the plural form. Use of the word “shall” denotes mandatory conduct. “May” denotes permissive conduct.

**Authority:** *Section 4685.7(a)*, Welfare and Institutions Code; and *Section 11152*, Government Code.

**Reference:** *Sections 4405, 4648, and 4685.7*, Welfare and Institutions Code.

**Section XXXX2—Terms Defined in Other Subchapters**

(a) As used in this subchapter, the following phrase shall have the meaning specified in Section [54000](#) of these regulations:

(1) Developmental Disability

(b) As used in this subchapter, the following words and phrases shall have the meanings specified in Section [54302](#) of these regulations:

(1) Consumer;

(2) Department;

(3) Director;

(4) Individual Program Plan (IPP);

(5) Generic Agency;

(6) Generic Support(s);

(7) Regional Center;

(8) Vendor;

(9) Vendorization.

**Authority:** *Section 4685.7(a)*, Welfare and Institutions Code; and *Section 11152*, Government Code.

**Reference:** *Sections 4648, and 4685.7*, Welfare and Institutions Code.

**Text Citations**

[Title 17, Section 54000 – Definition of terms.](#)

[Title 17, Section 54302 – Definition of terms for the Vendorization Process.](#)

**Section XXXX3—Additional Terms Defined**

- (a) As used in this subchapter, the following words and phrases have the following meanings:
- (1) “Applicant” means an individual or entity that desires to be a vendor or service provider;
  - (2) “Category code” means a number that is assigned by the Department to each of the six budget categories that may be included in the participant’s individual budget;
  - (3) “Designated provider” means the participant or the parent of the participant that provides Financial Management Services or Supports Broker services and supports on a non-paid basis;
  - (5) “Employer of record” means the participant in the legal capacity as employer and supervisor of a vendor or other service provider;
  - (6) “Financial Management Services ” means a service or function that assists the participant to manage and direct the distribution of funds contained in the participant’s individual budget;
  - (7) “Individual Budget” means the fixed dollar amount authorized for the purchase of services and supports necessary to implement the participant’s IPP;
  - (8) “Individual budget methodology” means the procedures specified by the Department and used by the regional center for calculating the maximum dollar amount available for a participant’s Individual Budget;
  - (9) “Legally Responsible Individual ” means any person who has a legal duty to care for another person and includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child, or (b) a spouse of a participant;
  - (10) “Medi-Cal” means the California Medical Assistance Program;

- (11) "Natural supports" means personal associations and relationships typically developed in the community that enhance the quality of life and security of the participant;
- (12) "Participant" means an individual who is eligible for, and has voluntarily agreed to participate in self-directed services, and when appropriate, the parents of a minor participant, legal guardian or conservator, or participant representative;
- (13) "Participant representative" means an individual designated by an adult participant authorized to assist and advise in the implementation of the IPP;
- (14) "Person-centered planning" means a process directed by the participant intended to identify the participant's strengths, capacities, preferences, needs and desired outcomes for development of the IPP;
- (15) "Planning team" means the group of persons convened in accordance with the Welfare and Institutions Code, Section [4512\(j\)](#), for the purpose of preparing a participant's IPP;
- (16) "Risk pool" means an account from which funds may be drawn to address needs of participants that were unanticipated at the time the IPP was completed;
- (17) "Self-directed services" means a voluntary service delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant, in order to meet all or some of the objectives in the IPP;
- (18) "Self-Directed Services Waiver" means a federal waiver to California's Medicaid plan to offer persons with developmental disabilities greater opportunity to control his or her own services and supports;
- (19) "Service Code" means a number that is assigned by the Department to each of the types of services available in the Self-Directed Services Waiver;
- (20) "Service provider" means a person or entity qualified under the terms of Article 2 of these regulations to provide services or supports to a participant in self-directed services;
- (21) "Supports Broker" means a person, selected and directed by the participant, who performs the supports brokerage service or function;
- (22) "Supports Brokerage" means a service that assists participants in accessing and coordinating services consistent with the IPP and Individual Budget.

**Authority:** *Section 4685.7(b)*, Welfare and Institutions Code; and *Section 11152*, Government Code.

**Reference:** *Sections 4646, 4647, 4648(a) and 4685.7*, Welfare and Institutions Code.

### Text Citations

[W&I Code, Section 4512 \(j\)](#) gives the definition of planning team.

## Article 2: Standards for Self-Directed Services

### Section XXX10—General Requirements

- (a) Each regional center shall be responsible for the implementation of self-directed services as one of the services and supports available to consumers under Welfare and Institutions Code, Section [4620](#).
- (b) An eligible consumer may choose to participate in, or a participant may choose to discontinue, self-directed services at any time.
- (c) A regional center shall not require a consumer to participate in self-directed services as a condition of eligibility for, or the delivery of, services and supports otherwise available to the consumer.
- (d) The following principles shall be applied to self-directed services:
  - (1) Participants plan their lives, identifying needed services and supports for inclusion in the IPP.
  - (2) Participants control a fixed dollar amount for the purchase of services and supports as specified in the IPP and Individual Budget.
  - (3) Participants select and arrange for services and supports to implement the IPP.
  - (4) Participants are accountable for the use of public dollars in the Individual Budget.
  - (5) Participants serve as leaders and self-advocates for their self-directed services.
- (e) Self-directed services shall be implemented consistent with any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section [15600](#) or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section [11164](#).
- (f) The following are exempt from the special incident reporting requirements described in **Title 17**, [Sections 54327, 54327.1 and 54327.2](#):

- (1) Participants who provide services to themselves; and
- (2) Parents who provide services to their children.
- (g) A service provider and the agent or employee of a service provider shall not be considered an agent or employee of the regional center or the State of California for any purpose.
- (h) Consistent with the requirements of Welfare and Institutions Code, Section 4685.7, this Section shall not be implemented until the Department has obtained federal approval of a Self-Directed Services Waiver application submitted pursuant to Title 42, United States Code, Section 1315 ("waiver").
  - (1) The waiver application shall include all of the services described in paragraph (6) of subdivision (b) of Section 4685.7, Welfare and Institutions Code.
  - (2) Self-directed services shall become operative only to the extent that federal financial participation is made available pursuant to subchapter XIX (commencing with Section 1396) of Title 42, United States Code.

**Authority:** Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.

**Reference:** Sections 4620, 4648, and 4685.7, Welfare and Institutions Code.

### **Text Citations**

W&I Code 4620. The state shall contract with appropriate agencies to provide fixed points of contact in the community for persons with developmental disabilities and their families, to the end that these persons may have access to the services and supports best suited to them throughout their lifetime.

W&I Code 15600. (a) The Legislature recognizes that elders and dependent adults may be subjected to abuse, neglect, or abandonment and that this state has a responsibility to protect these persons.

Title 17.

§54327. This section states the requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities.

§54327.1. This section states the requirements for Special Incident Reporting by regional centers.

§54327.2. This section includes Regional Center Risk Management, Assessment and Planning Committee and Risk Management and Mitigation Plans. Each regional center shall establish a Risk Management, Assessment and Planning Committee that, at a minimum, includes a representative from the regional center's clinical, quality assurance and training staff. The Risk Management, Assessment and Planning Committee shall develop the regional center's Risk Management and Mitigation Plan.

W&I Code 4685.7. Contingent upon approval of a federal waiver, the Self-Directed Services Program (SDS Program) is hereby established and shall be available in every regional center catchment area to provide participants, within an individual budget, greater control over needed services and supports. The Self-Directed Services Program shall be consistent with the requirements set forth in this section.

Title 42, United States Code, Section 1315 ("waiver) – This section describes the requirements of the Demonstration projects.

Title 42, United States Code, Section 1396 – This section describes the appropriation of funding.

### **Section XXX12—Eligibility Criteria and Requirements for Participation**

- (a) The regional center shall make a determination of eligibility for participation in self-directed services based upon the following criteria:
- (1) The individual is three (3) years of age or older;
  - (2) The individual expresses a desire to participate; and
  - (3) Upon enrollment, the individual shall reside in one of the following settings:
    - (A) Own home; or
    - (B) Parent/guardian home.
- (b) A participant in self-directed services shall not live in or receive services from any of the following provider types:
- (1) A licensed long-term health care facility, as defined in Title 17, Section [54302\(a\)\(44\)](#);
  - (2) A residential services facility, as defined in Title 17, Section [54302\(a\)\(55\)](#) except when necessary to provide crisis intervention services or respite services as defined in Section XXX60;
  - (3) Certified "family" or "family teaching home" pursuant to Welfare and Institutions Code, Section [4689.1](#);
  - (4) A day program or habilitation services, as defined in Title 17, Sections [54302\(a\)\(16\)](#) or [\(34\)](#).
- (c) An adult participant may designate a participant representative to effect implementation of the IPP. The planning team shall determine that the representative:
- (1) Is at least 18 years of age.
  - (2) Is approved by the participant to act in the capacity of a representative.
  - (3) Demonstrates knowledge and understanding of the participant's needs and preferences.



- (4) Is willing and able to comply with Self-Directed Services responsibilities as defined in Section XXX18..

**Authority:** *Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.*

**Reference:** *Sections 4512, 4685.7, and 4689.1, Welfare and Institutions Code.*

### Text Citations

#### Title 17

§54302 – (a)(44) gives the definition of “Long Term Care Facility”.

§54302 – (a)(55) gives the definition of “Residential Facility”.

W&I Code 4689.1. (c) For purposes of this section, "family teaching home" means a home that is owned, leased, or rented by the family home agency wherein the family home provider and the individual have independent residences, either contiguous or attached, and in which services and supports are provided to a maximum of three adults with developmental disabilities regardless of their degree of disability, and who do not require continuous skilled nursing care.

#### Title 17

§54302 – (a) (16) Gives the definition of Community-based Day Program; Or

§54302 – (a) (34) Gives the definition of Habilitation Services.

### Section XXX15—Individual Budget Methodology

- (a) Prior to initial enrollment in the self-directed services program and prior to the initiation of the person-centered planning process, the regional center shall provide the prospective participant in writing with a maximum dollar amount for planning the IPP and Individual Budget as follows:
- (1) Individuals with a purchase of service history shall be provided with maximum dollar amounts as established in paragraphs (1) or (2) of subdivision (b) of this section; or
  - (2) When there is no history of purchases, individuals shall be provided with a maximum dollar amount as established by paragraph (2) of subdivision (b) of this section.
- (b) The maximum dollar amounts available to the participant shall be calculated as follows:
- (1) An amount equal to ninety percent (90%) of the average of the annual regional center purchase of services costs for the participant for the previous two fiscal years ; or
  - (2) An amount equal to ninety percent (90%) of the statewide average annual per capita purchase of service costs for the previous two fiscal years for consumers with similar characteristics who do not receive services in Self-Directed Services as follows:
    - (A) Age;
    - (B) Functional skills as described in the Client Developmental Evaluation Report.



- (C) Living Arrangement:
  - (i) Adult consumers residing in own homes;
  - (ii) Child or adult consumers residing with parent/guardians.
- (3) Based upon identified need, in addition to the total amount calculated in paragraph (2) of subdivision (b) of this section, the actual cost to purchase the following:
  - (A) Medical equipment and supplies, as defined in Section XXX60, Service Code 1001009;
  - (B) Environmental and vehicle modifications as defined in Section XXX60, Service Codes 1004001 and 1005002.
- (c) The individual shall choose one of the amounts calculated in subdivision (b) above prior to planning the IPP. The Individual Budget amount selected by the participant shall be the maximum dollar amount available for implementing the IPP.
- (d) The calculation of the maximum dollar amount shall not include any fund amount used by a participant attributable to the risk pool described in **Section XXX28**.
- (e) Any subsequent calculation of the maximum allowable Individual Budget amount shall be completed as described in subdivision (b) of this section.
- (f) Except as described in Section **XXX28**, a participant's Individual Budget amount shall be calculated no more than once in a 12-month period.
- (g) A participant may appeal the regional center's calculation of the maximum dollar amount as follows:
  - (1) To the executive director of the regional center, or his or her designee, within 30 working days after receipt of written notification of the maximum dollar amounts available.
    - (A) The Executive Director shall issue a written decision on the appeal within 10 working days; and

- (2) To the Director of the Department, or his or her designee, any decision made pursuant to subdivision (b) of this section within 15 working days of receipt of the written decision of the executive director. The decision of the Department shall be final.

**Authority:** *Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.*

**Reference:** *Sections 4646, 4646.5, 4685.7, and 4783, Welfare and Institutions Code.*

### **Section XXX16—Individual Program Plan**

- (a) The participant with assistance as requested from the participant's Supports Broker and any other person invited by the participant, including the regional center service coordinator, shall conduct the person-centered planning process and prepare a proposed IPP.
- (b) The proposed IPP shall include the following:
  - (1) Individual preferences and assessed needs;
  - (2) Goals and objectives;
  - (3) Type and amount of services needed to implement the IPP;
  - (4) Necessary service provider qualifications, skills and abilities;
  - (5) Specific activities and responsibilities of each service provider;
  - (6) Plans as necessary to prevent and or mitigate any identified health and safety risks;
  - (7) Emergency back up plans necessary to ensure health and safety;
  - (8) Name and qualifications of any participant representative designated pursuant to **Section XXX12(d)**; and
  - (9) Name of Supports Broker and Financial Management Services.
  - (10) Consistent with the type and amount of services identified, an allocation of dollars in the participant's proposed Individual Budget within the following budget categories as described in Section XXX60:
    - (A) Community Living.
    - (B) Health and Clinical Services.
    - (C) Employment.
    - (D) Training and Education.

- (E) Environment and Medical Supports.
  - (F) Transportation.
- (c) The final IPP and any amendments shall:
  - (1) Indicate agreement between the participant and the regional center representative pursuant to W&I Code, Sections 4646 and 4646.5.
  - (2) Include the requirements specified in paragraphs (1)-(10) inclusive, of subdivision (b) of this section.
  - (3) Be forwarded by the regional center to the participant and Financial Management Services within 10 days of completion.
- (d) The participant cannot spend in excess of the Individual Budget amount agreed upon in the IPP.
- (e) Participants may transfer within or across budget categories funds originally allocated to any budget category described in paragraph (10) of subdivision (b) of this section under the following conditions:
  - (1) The participant may transfer up to ten percent (10%) of the funds originally allocated to any budget category upon notification of the transfer to the Financial Management Services.
  - (2) The participant shall convene a planning team meeting, including the regional center representative, to request transfers in excess of ten percent (10%) of the original amount allocated to a budget category.
  - (3) Upon regional center approval of a transfer of funds, the planning team shall amend the IPP and Individual Budget and forward the amended IPP to the Financial Management Services.
  - (4) The regional center may only deny a transfer of the participant's Individual Budget funds if necessary to protect the health and safety of the participant and forward in a letter the reasons for the denial to the participant and the Financial Management Services within 10 days of the denial.

- (f) Annually, at the time of the IPP review, when the planning team determines there are significant changes in the participant's circumstances and in any of the characteristics described in **Section XXX15**, the following shall occur:
- (1) The regional center shall calculate a new maximum allowable Individual Budget amount based on the methodology described in **Section XXX15(b)**:
  - (2) The participant shall choose the new maximum allowable Individual Budget amount or continue using the previous Individual Budget amount, and
  - (3) The regional center shall inform the participant and the Financial Management Services in writing of any change in the Individual Budget amount.

**Authority:** *Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.*

**Reference:** *Sections 4646, 4646.5, 4685.7, and 4783, Welfare and Institutions Code.*

#### **Text Citations**

**W&I Code 4646.** The individual program plan and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and the family, where appropriate, as well as promoting community integration, independent, productive, and normal lives, and stable and healthy environments.

**W&I Code 4646.5.** This section includes the planning process for the individual program plan to assure that the plan is being developed and modified in compliance with Section 4646.

#### **Section XXX18—Participant Responsibilities**

- (a) A participant shall:
- (1) Complete an in-depth orientation and participate in regional center training related to the management of services and supports in self-directed services;
  - (2) Direct the person-centered planning process and the development of the proposed and final IPP pursuant to section XXX16(b).
  - (3) Only use services and supports as described in self-directed services waiver when generic resources or natural supports cannot be accessed.
  - (4) Only use funds in the Individual Budget for services and supports pursuant to section XXX60.
  - (5) Only use service providers that maintain applicable requirements as specified in the self-directed services waiver.

- (6) Purchase and manage services and supports within the Individual Budget amount pursuant to **Sections XXX15 and XXX16**;
- (7) Use the services of a Supports Broker and Financial Management Services to fulfill all of the responsibilities as specified in the Self-Directed Services waiver. A participant may elect to use a designated provider to fulfill some or all of the Supports Broker or Financial Management Services responsibilities.
- (8) Report significant changes in needs or circumstances, including concerns about services and supports, to the regional center service coordinator and, as applicable, the Supports Broker;
- (9) Manage and supervise service providers including but not limited to:
  - (A) Completing and submitting to the Financial Management Services, a signed Self-Directed Services Provider Agreement Form DS XXXX (XX/XX), which includes the type and amount of service consistent with Section XXX60 and the negotiated rate for services and billing requirements.
  - (B) Ensuring service providers receive essential training to meet service needs.
  - (C) Approving documentation required for billing to verify services provided prior to the Financial Management Services processing payment;
  - (D) Providing annual performance evaluations for a Financial Management Services and Supports Broker evaluation to the regional center.
  - (E) Evaluating service providers and making decisions about maintaining or changing those providers based upon quality of service.
- (10) Maintaining, with the assistance of a Supports Broker and Financial Management Services, records of services received from each service provider consistent with the participant's IPP in sufficient detail to:
  - (A) Verify delivery of the type and units of service billed;
  - (B) Specify for each service the date, actual service time, location, and nature of services provided; and

- (11) File relevant complaints and grievances, as appropriate, pursuant to the Consumer Rights Complaint Process described in Welfare and Institution Code, Section 4731.
- (12) Participate in periodic evaluations to assess effectiveness of self-directed services.
- (b) A participant in self-directed services is exempt from the Family Cost Participation Program described in Section 4783 of the Welfare and Institutions Code.

**Authority:** Section 4685.7(m), Welfare and Institutions Code; and Section 11152, Government Code.

**Reference:** Sections 4648 and 4685.7, Welfare and Institutions Code.

### **Text Citations**

W&I Code 4731. Each consumer or any representative acting on behalf of any consumer or consumers, who believes that any right to which a consumer is entitled has been abused, punitively withheld, or improperly or unreasonably denied by a regional center, developmental center, or service provider, may pursue a complaint as provided in this section.

### **Section XXX22—Regional Center Responsibilities**

- (a) Regional centers shall:
  - (1) Arrange and conduct self-directed services orientation meetings for prospective participants in a manner that accommodates the diverse cultural and communication needs of consumers and families.
  - (2) Provide Supports Broker and Financial Management Services training using a competency based curriculum developed by the Department:
    - (A) Each individual successfully completing the training shall receive from the regional center a certificate of completion;
    - (B) The certificate of completion shall be recognized reciprocally among regional centers.
  - (3) Maintain a registry of Supports Brokers that have successfully completed the Supports Broker training.
  - (4) Provide the prospective and current participants in writing the maximum allowable IB amount available for planning the IPP and Individual Budget pursuant to Section XXX15.
  - (5) Ensure participants meet Self-Directed Services eligibility criteria pursuant to **Section XXX12**.

- (6) Arrange for the transition to self-directed services when requested within 60 days of a request from a consumer receiving services pursuant to Section XXX12(b).
- (7) Enroll eligible consumers in self-directed services pursuant to **Section XXX14**;
- (8) Maintain in the regional center record the following documentation:
  - (A) The signed, Medi-Cal Program Provider Agreement **Form DS 1896 (12/93)** for Financial Management Services providers pursuant to **Section XXX26(a)(5)**.
  - (B) Any assessments, evaluations, and reports that relate to the participants health and well-being.
  - (C) Quarterly and annual reports indicating progress towards achieving IPP objectives.
  - (D) Annual Financial Management Services evaluations completed by the participant;
- (b) The regional center shall conduct visits with participants to review the participant's progress toward achieving IPP objectives and Individual Budget statements as follows:
  - (1) The visits shall take place with the following frequency:
    - (A) At least quarterly for participants who reside in their own homes;
    - (B) At least annually for participants who reside with parents or guardians.
  - (2) The participant shall determine the location of the visit so long as at least one visit occurs in the participant's home annually.
  - (3) Upon completion of a review pursuant to (b)(1) the regional center representative shall complete a report which documents the following, :
    - (A) Date of the visit;
    - (B) Identification of progress towards meeting IPP objectives, which includes at a minimum:
    - (C). Changes in the participant's status or circumstances;
    - (D) Barriers to achieving the participant's desired outcomes; and
    - (E). Plans to address the changes and barriers.
    - (F) Status of the participant's Individual Budget.



- (c) When significant changes in a participant's needs or circumstances arise, the regional center shall assist the participant in accordance with **Sections, XXX16(f) or XXX28(c)**.
- (d) A regional center may advance funds to the Financial Management Services to facilitate development of participant Individual Budgets and transition into self-directed services pursuant to the following:
  - (1) The advance of funds shall not exceed twenty-five percent (25%) of the total estimated annual services costs of all self-directed services participants for which the Financial Management Services has responsibility; and
  - (2) The advance of funds shall be made when the regional center determines the Financial Management Services financial assets during the first three months of the fiscal year are insufficient to pay for services and supports needed by participants using the Financial Management Services.
- (e) Regional centers shall conduct and document at least annually, a review of records maintained by the Financial Management Services as described in Section XXX26,

**Authority:** *Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.*

**Reference:** *Sections 4646, 4646.5, 4648, 4685.7, and 15600, Welfare and Institutions Code; and Section 11164, Penal Code.*

#### **Section XXX24—Service Provider Responsibilities**

- (a) All service providers in self-directed services, including, but not limited to, the Financial Management Services, shall:
  - (1) Meet the qualifications for providing the services and supports described in the Self-Directed Services Waiver and in the Statement of Qualifications pursuant to **Section XXX25**;
  - (2) Complete an Self-Directed Services Provider Agreement with the participant pursuant to Section XXX18(a)(10)(A);

- (3) Ensure all services and supports provided to a participant are implemented in a manner consistent with the principals of Self-Directed Services as described in section XXX10(d) and in the participant's IPP.
- (4) Conduct Billing activities as follows:
  - (A) Specify the type of service, date, actual service time and location, amount of service, costs of service provided as authorized on **Form DS XXXX (XX/XX) Provider Agreement**; and
  - (B) Submit billing statement/invoices to the Financial Management Services.
- (5) Comply with special incident reporting requirements of a vendor described in Title 17, Section 54327 unless exempted pursuant to **Section XXX10(f)**.
- (6) Provide services authorized only to the participant; Authorization shall not be transferred to another service provider or entity.
- (7) Maintain service provider records and files pursuant to **Section XXX26**; and
- (8) Provide access to regional center and Department staff, on an announced or unannounced basis, for the purposes specified in the Welfare and Institutions Code, Section 4648.1.
- (b) For service providers providing services to Medi-Cal eligible participants and whose proposed service is eligible for Medi-Cal reimbursement, the signed Home and Community-Based Services Provider Agreement (6/99) with the Department of Health Services, obtainable from the regional centers shall be included in the:
  - (1) Statement of Qualifications pursuant to **Section XXX25** for service providers other than the Financial Management Services, or
  - (2) Vendorization application pursuant to paragraph (1) of subdivision (c) of this section for the Financial Management Services.
- (c) In addition to the requirements in subdivision (a) of this section, the Financial Management Services shall:
  - (1) Provide services as a vendor and meet all requirements associated with vendorization described in Title 17, Section 54310 *et seq.*

- (2) Ensure service providers submit to criminal history records checks and reviews when requested by a participant pursuant to **Section XXX30**.
- (3) Accept and review a Statement of Qualifications described in **Section XXX25** only from an applicant that has been referred by the participant.
- (4) Issue a letter of verification to qualified service providers, as described in **Section XXX25(c)**.
- (5) Notify service providers of authorization to provide services.
- (6) Conduct billing and payment activities as specified in the participant's IPP and Individual Budget and submit:
  - (A) All invoices or billing statements for services using the types of services described in **Section XXX60** to the participant for approval;
  - (B) All claims for reimbursement of services to the regional center; and
  - (C) The amount of funds payable for services rendered to the service provider.
- (7) Provide a monthly budget statement to the participant and the regional center to describe:
  - (A) The amount of funds allocated to each service provider in each budget category;
  - (B) The amount of funds spent each month; and
  - (C) The amount of remaining funds, by category, available in the Individual Budget of the participant.
- (d) Except as provided in **Section XXX22(d)**, the Financial Management Services shall be paid in arrears for services performed.
- (e) In addition to the requirements in subdivision (a) of this section, the Supports Broker shall:
  - (1) Assist the participant with the person centered planning process;
  - (2) Identify services and supports and assist in the development of the proposed IPP;
  - (3) Provide assistance to the participant to allocate their individual budget as described in **Section XXX16** paragraph (10);
  - (4) Assist the participant in negotiation of rates and contracts with service providers;

- (5) Locate potential and assist participant to secure informal and unpaid services and supports;
- (6) Assist the participant in the recruiting, interviews, hiring and training of services providers;
- (7) Provide technical assistance and training to the participant with the following:
  - (A) Self-directed services participant responsibilities;
  - (B) Employing and supervising individual employees; and
  - (C) Identification and reporting of abuse, neglect and exploitation.

**Authority:** *Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.*

**Reference:** *Sections 4648.1 and 4685.7 Welfare and Institutions Code.*

#### Text Citations

Title 17, §57327 Identification of the type of program services to be developed. Title 17, §57422 This section describes the general provisions of reporting and allocation of vendor costs and income.  
W&I Code 4648.1. (a) The State Department of Developmental Services and regional centers may monitor services and supports purchased for regional center consumers with or without prior notice. Not less than two monitoring visits to a licensed long-term health care or community care facility or family home agency home each year shall be unannounced. The department may conduct fiscal reviews and audits of the service providers' records.

Title 17, §54310. Describes the Vendor Application Requirements.

#### Section XXX25—Statement of Qualifications Requirements

- (a) A prospective service provider (other than a Financial Management Services) shall complete and submit to the Financial Management Services a signed "Statement of Qualifications", **Form DS XXXX (01/05)** which includes:
  - (1) The applicant's name, including the name of any governing body or management organization;
  - (2) The applicant's Social Security Number or Federal Tax ID number, or a copy of any document accepted by the federal government which establishes the identity of the applicant;
  - (3) The applicant's mailing and business address;

- (4) The address of location the service is to be provided;
- (5) Name of the applicant's owner or executive officer, if the applicant is an entity other than a natural person;
- (6) Type of service(s) to be provided;
- (7) Telephone number;
- (8) Identification of any consultants, subcontractors and community resources to be used by the service provider in providing self-directed services;
- (9) Copies of:
  - (A) Any license, credential, registration, certificate or permit required to perform the service, or proof of application for such license, credential, registration, certificate or permit. If the required document(s) is not issued to the applicant by the issuing entity within 90 days, any acceptance of the Statement of Qualifications shall be revoked;
  - (B) Any academic degree required for performance of the service;
  - (C) Any waiver from licensure, registration, certification, credential, or permit from the responsible controlling agency; and
  - (D) The proposed or existing staff qualifications and duty statements for applicants seeking approval as a service provider.
- (b) The Financial Management Services shall review a prospective service provider's completed Statement of Qualifications within 10 days after receipt, and shall ensure the following:
  - (1) The applicant meets the requirements described in **Section XXX60** and described in the Self-Directed Services Waiver;
  - (2) A criminal history records review and when requested by the participant, is completed and verified.
- (c) When conditions in subdivision (b) of this section are met, the Financial Management Services shall within 5 days issue a letter of verification pursuant to **Section XXX24(c)** to the participant and service provider that specifies the following:
  - (1) The service provider meets self-directed services qualifications to provide

- the service(s) described in the participant's IPP;
- (2) The service code(s) pursuant to **Section XXX60**;
  - (3) The effective period of any license, credential, registration, certificate, or permit required, and that the service provider shall not provide any service if the required document is suspended or revoked; and
  - (4) The letter of verification does not guarantee that any service provider will be utilized, nor used for any length of time, or otherwise employed by a participant.
- (d) The Financial Management Services shall revoke the letter of verification and inform the participant that payment for services of the service provider will be terminated when:
- (1) The planning team determines that continued utilization of the service provider would threaten the health and safety of the participant.
  - (2) The service provider no longer meets the qualifications as described in Section XXX24(a)(1).
  - (3) Services provided are inconsistent with the manner described in the participant's IPP.

**Authority:** *Sections 4648(a) and 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.*

**Reference:** *Sections 4631, 4648, 4648.1, 4685.7, and 4626-4628, Welfare and Institutions Code.*

#### **Section XXX26—Service Provider Records and Files**

- (a) The FMS shall maintain records and a file for each service provider, which shall include copies of:
- (1) The service provider Statement of Qualifications described in **Section XXX24(a)**;
  - (2) Any required certificate, credential, license, academic degree, permit or registration;
  - (3) The service provider letter of verification pursuant to **Section XXX24(c)**;
  - (4) The staff qualifications and duty statements described in **Section XXX24(b)(9)**;
  - (5) The signed Medi-Cal Program Provider Agreement **Form DS 1896 (12/93)** If the service provider is a Financial Management Services;

- (6) A signed Self-Directed Services Provider Agreement **Form DS XXXX (XX/XX)**, between the participant and any service provider; and
  - (7) For service providers subject to a criminal records clearance pursuant to Section XXX30 a signed statement (DS 5407 (New 5/95)) indicating a criminal history records clearance or exemption.
- (b) All service providers including the Financial Management Services shall maintain records of services provided to participants as follows:
- (1) The information required for issuing a letter of verification as a service provider is complete and accurate;
  - (2) Records must specify for each participant the date, actual service time, location, units of service, cost and nature of services provided;
  - (3) The service billed is the same service verified in the service provider's Statement of Qualifications pursuant to **Sections XXX24(b)** and XXX26(b) and as specified in the participant's IPP;
  - (4) Such records shall be maintained by the service provider for a minimum of five years from the date of final payment for the State fiscal year in which the services were rendered or until audit findings have been resolved, whichever is longer.
- (c) All service providers shall make available any books and records pertaining to the provided services pursuant to Welfare and Institutions Code, Section **4648.1**, and
- (d) All service providers may appeal any audit findings pursuant to Title 17, Sections **50700 through 50767**, and the Welfare and Institutions Code, Section **4648.2**, should the service provider elect to appeal any audit findings.

**Authority:** Sections 4648(a) and 4685.7, 4646.5 (a)(1)(5), Welfare and Institutions Code and Section 11152, Government Code.

**Reference:** Sections 4631, 4648, 4648.2, 4685.7, and 4691, Welfare and Institutions Code.

### Text Citations

W&I Code 4648.1. (a) The State Department of Developmental Services and regional centers may monitor services and supports purchased for regional center consumers with or without prior notice. Not less than two monitoring visits to a licensed long-term health care or community care facility or family



home agency home each year shall be unannounced. The department may conduct fiscal reviews and audits of the service providers' records.

#### Title 17

**Sections 50700 – 50708.** These sections describe the general audit appeals. The procedures described in this subchapter shall be applicable to and govern all appeals from audit reports, Letters of Findings and formal decisions issued by the Department of Development Services or regional centers which result from fiscal audits of regional centers and/or their contractors.

**Sections 50730 – 50732.** Describes the request for administrative review, informal conferences and letter of findings. The appellant's written request shall be submitted to the Department within 30 days after the receipt of the audit report. The request may be amended at any time during the 30-day period. The results of the administrative review shall be submitted to the parties, within 60 days after the close of the administrative review record, in the form of a written document entitled "Letter of Findings." The Letter of Findings shall be final unless a timely request for a formal hearing is made. Upon becoming final, the Letter of Findings has the legal effect of amending the audit report and supersedes it to the extent there are any inconsistencies.

**Sections 50750 – 50767.** Describes the formal hearing process.

**W&I Code 4648.2.** By September 1, 1986, the State Department of Developmental Services shall promulgate regulations which establish a process for service providers to appeal actions the department takes as a result of its auditing and monitoring activities. To the extent possible, this process shall include procedures contained in fiscal audit appeals regulations established pursuant to Section 4780.5.

### **Section XXX28—Participant Risk Pool Fund**

- (a) Each fiscal year the Department shall allocate to each regional center a risk pool fund to meet the unanticipated needs of participants in self-directed services.
- (b) The regional center shall only use the risk pool when:
  - (1) The participants unanticipated need was not known at the time the final IPP was agreed upon; and
  - (2) The planning team determines the amount of funds in the participant's Individual Budget is insufficient to address:
    - (A) An urgent need to relocate a participant;
    - (B) A catastrophic injury or illness; or
    - (C) A catastrophic loss due to natural disaster or financial hardship.
- (c) Upon discovery or other notification of circumstances described in (b) of this section, the regional center and planning team shall:
  - (1) Reassess the participant's services and needs;
  - (2) Identify necessary services and supports not included in the current IPP;

- (3) Approve additional funding from the risk pool upon a determination that the participant's Individual Budget is insufficient to meet the unanticipated needs; and
- (4) Amend the IPP to include the type and amount of service including amount of risk pool funding.
- (d) The regional center shall provide a copy of the amended IPP to the participant and Financial Management Services of the participant's authorization to access any risk pool funds to the appropriate service code as described in Section XXX60.
- (e) A participant may access funds in a risk pool more than once in a lifetime provided the regional center determines conditions described in **subdivision (b) of this section** are present.

**Authority:** *Section 4685.7(f)*, Welfare and Institutions Code; and *Section 13340(a)*, Government Code.  
**Reference:** *Sections 4648(a) and 4685.7*, Welfare and Institutions Code; and *Section 13340*, Government Code.

### **Article 3: Criminal History Records Clearance**

#### **Section XXX30—Criminal Records Clearance**

- (a) The participant may request the applicant for one of the following services to submit to a criminal history records review:
  - (1) Financial Management Services;
  - (2) Supports Broker;
  - (3) Respite (In-Home providers only); and
  - (4) Community Living Supports.
- (b) Request for a criminal records history check shall be completed for the actual person providing the service and in the case of a legal entity, the Executive Director.
- (c) A clearance or exemption as a provider for one participant shall be transferable as a clearance or exemption to provide services to additional participants;
- (d) As part of the vendor approval process of the Financial Management Services, the Department shall secure through the process described in this section a criminal history records check.

Based upon the finding, the department shall submit to the regional center written determination

on the applicant's eligibility for vendorization and the regional center shall provide written notification of the outcome to the applicant and the participant.

- (e) As part of the Financial Management Services verification process for the Supports Broker, Respite (in-home only), and Community Living Supports providers, the Department shall secure through the process described in this section a criminal history records check. Based upon the finding, the Department shall submit to the Financial Management Services written determination on the applicant's eligibility to provide services. The Financial Management Services shall notify in writing the participant and the applicant of the outcome of the criminal records history check.
- (f) Criminal history records checks shall be performed and administered pursuant to Welfare and Institutions Code Sections [4689.2\(b\) and \(d\) through \(h\)](#) inclusive and Sections [4689.4](#) through [4689.6](#) inclusive, and shall apply to the vendorization of providers and hiring of employees to provide services described for family home agencies and family homes.
- (g) The Department may enter into a written agreement with the Department of Justice to implement criminal history records review pursuant to this Section.
- (h) No applicant failing to obtain a required criminal history records clearance, or an exemption pursuant to Welfare and Institutions Code, **Section [4689.2\(f\)](#)** shall be verified as a qualified provider under **Section XXX24**.

**Authority:** *Section 4685.7(r), Welfare and Institutions Code; and Section 11152, Government Code.*  
**Reference:** *Sections 4685.7, 4689.2, 4689.4, 4689.5 and 4689.6, Welfare and Institutions Code.*

### Text Citations

[W&I Code 4689](#). The Legislature puts high priority on providing opportunities for adults with developmental disabilities, regardless of the degree of disability, to live in homes that they own or lease with support available as often and for as long as needed, when that is the preferred objective in the Individual Program Plan.

[W&I Code 4689.2 \(b\)](#) Regional centers may contract with agencies or individuals to assist consumers in securing their own homes and to provide consumers with the supports to live in their own homes.

[W&I Code 4689.2 \(d\) through \(h\)](#) Subsequent to vendorization any person not exempted from fingerprinting shall as a condition of employment, residence, or presence in a family home agency or family home be fingerprinted and sign a declaration under penalty of perjury regarding any prior criminal convictions. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. After review of the record the Director of DDS may grant an exemption from denial of vendor approval if the director has substantial and convincing evidence to support a reasonable belief that the applicant and the person convicted of the crime are of such good character to justify vendor approval. If a

family home agency or family home is required by law to deny employment or to terminate employment they shall not incur civil liability or unemployment insurance as a result of that denial or termination.

**W&I Code 4689.4.** The State Department of Developmental Services may deny an application for vendorization or terminate vendorization as a family home agency or family home upon the grounds that the applicant for vendorization, the vendor, or any other person mentioned in Section

**W&I Code 4689.6.** (a) The State Department of Developmental Services may prohibit a vendor from employing, or continuing the employment of, or allowing a family home, or allowing contact with any adult with a developmental disability placed in a family home by, any employee or prospective employee, who has been denied an exemption to work or to be present in a facility, when that person has been convicted of a crime, except a minor traffic violation.

## **Article 4: Appeals**

### **Section XXX40—Appeals**

- (a) A participant in self-directed services shall have all appeal rights established in Welfare and Institutions Code, Chapter 7, Sections 4700-4730 and
- (b) Participants may appeal an error in the calculation of the participant's Individual Budget pursuant to **Section XXX15**.

**Authority:** *Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.*

**Reference:** *Sections 4648, 4648.1, 4685.7, and 4700 through 4731, Welfare and Institutions Code.*

### **Text Citations**

**W&I Code 4700.** Unless the context otherwise requires, the definitions set forth in this article govern the construction of this chapter.

**W&I Code 4701.** "Adequate notice" means a written notice informing the applicant, recipient, and authorized representative of at least all of the following: (a) The action that the service agency proposes to take, including a statement of the basic facts upon which the service agency is relying.

**W&I Code 4701.5.** "Applicant" means a person who has applied for services from a service agency, or on whose behalf services have been applied for.

**W&I Code 4701.6.** "Authorized representative" means the conservator of an adult, the guardian, conservator, or parent or person having legal custody of a minor claimant, or a person or agency appointed pursuant to Section 4590 or subdivision (e) of Section 4705 and authorized in writing by the claimant or by the legal guardian, conservator, or parent or person having legal custody of a minor claimant to act for or represent the claimant under this chapter.

**W&I Code 4702.** "Claimant" means an applicant for or recipient of services who has filed for a fair hearing.

**W&I Code 4702.5.** "Days" means calendar days unless otherwise noted.

**W&I Code 4702.6.** "Hearing request form" means a document that shall include the name, address, and birth date of the claimant, date of request, reason for the request, and name, address, and relationship to the claimant of the authorized representative, if any, and whether the claimant is a participant in the medicaid home and community-based waiver. The hearing request form shall also indicate whether the claimant or his or her authorized representative is requesting mediation. A copy of the appointment of the authorized representative, by the claimant or the area board if any, shall also be included.

**W&I Code 4702.7.** For purposes of this section, "medicaid home and community-based waiver participant" means an individual deemed eligible and receiving services through the Medicaid Home and Community-based waiver program.

**W&I Code 4703.** "Persons who have the right to request a fair hearing" means applicant, recipient, applicant or recipient's legal guardian or conservator, applicant or recipient's parent, if a minor, and applicant or recipient's authorized representative.

**W&I Code 4703.5.** "Recipient" means a person with a developmental disability who is eligible for and receives services from a service agency

**W&I Code 4703.6.** "Responsible state agency" means the state agency with which a state appeal is required to be filed.

**W&I Code 4703.7.** "Services" means the type and amount of services and service components set forth in the recipient's individual program plan pursuant to Section 4646.

**W&I Code 4704.** "Service agency" means any developmental center or regional center that receives state funds to provide services to persons with developmental disabilities.

**W&I Code 4704.5.** For purposes of Sections 4710.9, 4711, 4711.5, 4711.7,

**W&I Code 4712, and 4712.5,** the director of the responsible state agency includes a designee thereof, which may, but need not, be a public or private agency that contracts with the State Department of Developmental Services for the provision of hearing officers or mediators.

**W&I Code 4705.** (a) Every service agency shall, as a condition of continued receipt of state funds, have an agency fair hearing procedure for resolving conflicts between the service agency and recipients of, or applicants for, service. The State Department of Developmental Services shall promulgate regulations to implement this chapter by July 1, 1999, which shall be binding on every service agency.

**W&I Code 4706.** (a) Except as provided in subdivision (b) to the extent permitted by federal law, all issues concerning the rights of persons with developmental disabilities to receive services under this division shall be decided under this chapter, including those issues related to fair hearings, provided under the medicaid home- and community-services waiver granted to the State Department of Health Services.(b) Whenever a fair hearing under this chapter involves services provided under the medicaid home- and community-based services waiver, the State Department of Health Services shall retain the right, as provided in Section 4712.5, to review and modify any decision reached under this chapter.

**W&I Code 4707.** By July 1, 1999, the State Department of Developmental Services shall implement a mediation process for resolving conflicts between regional centers and recipients of services specified in this chapter. Regulations implementing the mediation process shall be adopted by July 1, 2000.

**W&I Code 4710.** (a) Adequate notice shall be sent to the applicant or recipient and the authorized representative, if any, by certified mail at least 30 days prior to any of the following actions:

**W&I Code 4710.5.** (a) Any applicant for or recipient of services, or authorized representative of the applicant or recipient, who is dissatisfied with any decision or action of the service agency which he or she believes to be illegal, discriminatory, or not in the recipient's or applicant's best interests, shall, upon filing a request within 30 days after notification of the decision or action complained of, be afforded an opportunity for a fair hearing.

**W&I Code 4710.6.** (a) Upon receipt by the service agency director of the hearing request form requesting a fair hearing, mediation, or a voluntary informal meeting, the service agency director shall immediately provide adequate notice pursuant to Section 4701 to the claimant, the claimant's guardian or conservator, parent of a minor, and authorized representative of the claimant's rights in connection with the fair hearing, mediation, or informal meeting.

**W&I Code 4710.7.** (a) Upon requesting a fair hearing, the claimant has the right to request a voluntary informal meeting with the service agency director or his or her designee.

**W&I Code 4710.8.** (a) At an informal meeting, the claimant shall have the rights stated pursuant to Section 4701. (b) An informal meeting shall be held at a time and place reasonably convenient to the claimant and the authorized representative.

**W&I Code 4710.9.** (a) If the claimant or his or her authorized representative is satisfied with the decision of the service agency following an informal meeting, he or she shall withdraw the request for a hearing on the matter decided. The decision of the service agency shall go into effect 10 days after the receipt of the withdrawal of the request for a fair hearing by the service agency.

**W&I Code 4711.** Upon receipt of the hearing request form, where a fair hearing has been requested but mediation has not, the responsible state agency director shall immediately notify the claimant, the claimant's legal guardian or conservator, the parent of a minor claimant, the claimant's authorized representative, and the service agency director in writing of all the following information applicable to fair hearings.

**W&I Code 4711.5.** (a) Upon receipt of the written request for mediation, the service agency shall be given five working days to accept or decline mediation.

**W&I Code 4711.7.** (a) If the issue or issues involved in the mediation are resolved to the satisfaction of both parties, the mediator shall prepare a written resolution.

**W&I Code 4712.** (a) The fair hearing shall be held within 50 days of the date the hearing request form is received by the service agency, unless a continuance based upon a showing of good cause has been granted to the claimant.

**W&I Code 4712.2.** (a) Two or more claimants with a common complaint, or their authorized representatives, or a service agency may request the consolidation of appeals involving a common question of law or fact.

**W&I Code 4712.5.** (a) Except as provided in subdivision (c), within 10 working days of the concluding day of the state hearing, but not later than 80 days following the date the hearing request form was received, the hearing officer shall render a written decision and shall transmit the decision to each party and to the director of the responsible state agency, along with notification that this is the final administrative decision, that each party shall be bound thereby, and that either party may appeal the decision to a court of competent jurisdiction within 90 days of the receiving notice of the final decision.



**W&I Code 4712.7.** In addition to any other delegation of authority granted to the Director of Health Services, the director may delegate his or her authority to adopt final decisions under this chapter to hearing officers described in subdivision (b) of Section 4712 to the extent deemed appropriate by the director. The delegation shall be in writing.

**W&I Code 4713.** (a) If the hearing officer's decision is unfavorable to the claimant, and the claimant has been receiving the services which have been the subject of the appeal, the hearing officer's decision shall not be implemented until 10 days after receipt of certified mailing to the claimant and the authorized representative.

**W&I Code 4714.** (a) Commencing July 1, 1999, for each appeal request submitted pursuant to Section 4710.5, regional centers and developmental centers shall submit information to the department including, but not limited to, all of the following: (1) Whether the case was resolved through an informal meeting or mediation.

**W&I Code 4715.** (a) Except as otherwise provided in this section, if a request for a hearing is postmarked or received by the service agency no later than 10 days after receipt of the notice of the proposed action mailed pursuant to subdivision (a) of Section 4710, services that are being provided pursuant to a recipient's individual program plan shall be continued during the appeal procedure up to and including the 10th day after receipt of any of the following: (1) Receipt by the service agency, following an informal meeting, of the withdrawal of the fair hearing request pursuant to Section

**W&I Code 4716.** Nothing in this chapter shall presume the incompetence of any person with a developmental disability to participate in any of the appeals procedures established herein.

**W&I Code 4725.** For the purposes of this article: (a) "Access" means the right to inspect, review, and obtain an accurate copy of any record obtained in the course of providing services under this division. A service agency may make a reasonable charge in an amount not to exceed the actual cost of reproducing the record, unless the imposition of the cost would prohibit the exercise of the right to obtain a copy. No charge may be made to search for or retrieve any record. (b) "Record" means any item of information directly relating to a person with developmental disabilities or to one who is believed to have a developmental disability which is maintained by a service agency, whether recorded by handwriting, print, tapes, film, microfilm, or other means.

**W&I Code 4726.** Notwithstanding the provisions of Section 5328, access to records shall be provided to an applicant for, or recipient of, services or to his or her authorized representative for purposes of the appeal procedure under this chapter.

**W&I Code 4727.** Nothing in this chapter shall be construed to compel a physician, psychologist, social worker, nurse, attorney, or other professional person to reveal information which has been given to him or her in confidence by members of a recipient's or applicant's family.

**W&I Code 4728.** Each service agency shall adopt procedures for granting of requests by persons authorized under Section 4726 for access to records during regular business hours, provided that access shall be granted no later than three business days following the date of receipt of the oral or written request for access. Procedures shall include notice of the location of all records and the provision of qualified personnel to interpret records if requested.

**W&I Code 4729.** Whenever access to service agency records is requested, the service agency shall provide at least the following information: (a) The types of records maintained by the service agency. (b) The position of the official responsible for the maintenance of records.



W&I Code 4730. Any person who willfully and knowingly violates the provisions of this article is guilty of a misdemeanor.

## Article 5: Self-Directed Services Disenrollment Procedures

### Section XXX50—Participant Self-Directed Services Disenrollment Procedures

- (a) A participant shall be disenrolled from self-directed services when either:
  - (1) The participant voluntarily elects to disenroll; or
  - (2) The regional center determines that a participant is no longer eligible:
    - (A) Based on the eligibility criteria described in **Sections XXX12(a) and (b)**, or
    - (B) The participant is unable to fulfill any obligation or responsibility described in Section XXX18(a).
- (b) Upon a determination pursuant to paragraph (2) of subdivision (a) of this section the regional center shall:
  - (1) Inform the participant and Financial Management Services in writing of the date and basis of the ineligibility determination; and
  - (2) Inform the participant of fair hearing rights pursuant to Welfare and Institutions Code, Sections 4700 through 4730, inclusive.
- (c) Upon any disenrollment the regional center shall provide for the participant's transition from self-directed services to other services and supports as described in Welfare and Institutions Code, Section 4646, and ensure there is no gap in services and supports.
- (d) A participant who voluntarily disenrolls from self-directed services or who is determined ineligible pursuant to paragraph (2) of subdivision (a) of this section, shall be permitted to re-enroll in self-directed services:
  - (1) Upon meeting all eligibility criteria; and
  - (2) After 12 months time has elapsed from the effective date of disenrollment.

**Authority:** Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.

**Reference:** Sections 4501, 4646.5, and 4700 through 4731, Welfare and Institutions Code.

### Text Citations

W&amp;I Code 4700 through 4731 – See above Section 40

**Article 6: Types of Services****Section XXX60—Self-Directed Services**

- (a) Category and service codes for self-directed services available in the Self-Directed Services Waiver shall be assigned as follows:
- (1) **Community Living – Category Code 1000000.**
    - (A) Financial Management Services—Service Code 1000001.
    - (B) Supports Brokerage – Service Code 1000003.
    - (C) Respite Services – Service Code 1000004.
    - (D) Family Assistance and Support – Service Code 1000005.
    - (E) Housing Access Supports – Service Code 1000006.
    - (F) Community Living Supports – Service Code 1000007.
    - (G) Advocacy Services – Service Code 1000008.
    - (H) Participant-Designated Goods and Services – Service Code 1000009.
    - (I) Live-in Caregiver – Service Code 1000010.
    - (J) Community Transition Services – Service Code 1000011.
  - (2) **Health and Clinical Services – Category Code 1001000.**
    - (A) Home Health Aide Services – Service Code 1001001.
    - (B) Skilled Nursing – Service Code 1001002.
    - (C) Integrative Therapies – Service Code 1001003.
      - 1. Chiropractic services;
      - 2. Therapeutic massage and assessment, and
      - 3. Acupuncture
    - (D) Communication Support (Environmental and Medical Support) –Section 1001004
    - (E) Crisis Intervention – Service Code 1001005.
    - (F) Nutritional Consultant – Service Code 1001006.
    - (G) Behavior Intervention Services (Environmental and Medical support) – Service Code 1001007.
    - (H) Specialized Therapeutic Services (Environmental and Medical Support) – Service Code 1001008.
    - (I) Specialized Medical Equipment and Supplies – Service Code 1001009.
  - (3) **Employment – Category Code 1002000.**
    - (A) Supported Employment (Self-Directed Services) – Service Code 1002001.
    - (B) Pre-Vocational Services (Self-Directed Services) – Service Code 1002002.
  - (4) **Training and Education – Category Code 1003000.**
    - (A) Individual Training and Education – Service Code 1003001.
    - (B) Transition, Training and Education– Service Code 1003002
  - (5) **Environmental and Medical Support - Category Code 1004000.**
    - (A) Environmental Accessibility Adaptations – Service Code 1004001.
    - (B) Personal Emergency Response Systems (PERS) (Health and Clinical Services) – Service Code 1004002.
  - (6) **Transportation – Category Code 1005000.**
    - (A) Transportation – Service Code 1005001.
    - (B) Vehicle Adaptations (Transportation) – Service Code 1005002.
  - 7) **Risk Pool – Category Code 1006000.**

- (A) Risk pool funds used shall be assigned the following service code(s) reflective of the respective category further described in **this section**

1. Respite Services: Service Code 1006001.
2. Family Assistance and Support: Service Code 1006002.
3. Housing Access Supports: Service Code 1006003.
4. Community Living Supports: Service Code 1006004.
5. Advocacy Services: Service Code 1006005.
6. Participant-Designated Goods and Services: Service Code 1006006.
7. Home Health Aide Services: Service Code 1006007.
8. Skilled Nursing: Service Code 1006008.
9. Integrative Therapies: Service Code 1006009.
10. Communication Support (Environmental and Medical Support): Service Code 1006010.
11. Crisis Intervention: Service Code 1006011.
12. Nutritional Consultation: Service Code 1006012.
13. Behavior Intervention Services: Service Code 1006013.
14. Specialized Therapeutic Services (Environmental and Medical support: Service Code 1006014.
15. Specialized Medical Equipment and Supplies: Service Code 1006015.
16. Supported Employment: Service Code 1006016.
17. Pre-Vocational Services: Service Code 1006017.
18. Individual Training and Education: Service Code 1006018.
19. Transition, Training and Education: Service Code 1006019.
20. Environmental Accessibility Adaptations : Service Code 1006020.
21. Personal Emergency Response Systems (PERS) (Health and Clinical Services): Service Code 1006021.
22. Vehicle Adaptations (Transportation): Service Code 1006022.
23. Live-in Caregiver: Service Code 1006023.
24. Community Transition Services: Service Code 1006024.

**Authority:** *Section 4685.7, Welfare and Institutions Code; and Section 11152, Government Code.*

**Reference:** *Sections 4648 and 4685.7, Welfare and Institutions Code.*